

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

## 1. PLACE OF DEATH:

County.....**Caroline**  
 City or town.....**Federalsburg, Md.**  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?.....**24 yrs.**  
 Hospital, institution, or street address where death occurred:  
**Chambers Street**  
 How long in hospital or institution?.....**none**

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State.....**Md.** County.....**Caroline**  
 City or town.....**Federalsburg**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....**Chambers St.**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....**no**

## 3. (a) FULL NAME

**Sametha Ellen Andrews**

## 3. (b) Social Security Number

**217-05-7569**

4. Sex.....**Female** 5. Color or race.....**white** 6.(a) Single, married, widowed, or divorced.....**Married**  
 6.(b) Name of husband or wife.....**Carl Andrews**  
 6.(c) If alive, give age.....**45** years  
 7. Birth date of deceased (mo., day, yr.).....**June 6, 1901**  
 8. AGE: Years.....**46** Months.....**4** Days.....**2** If less than one day.....hrs. ....min.

9. Birthplace.....**Quantico, Md.**  
 (Town, county, and state)  
 10. Usual occupation.....**housewife**  
 11. Industry or business.....**button factory**  
 12. Name.....**H<sup>o</sup>. M. Phippin**  
 13. Birthplace.....**Md.**  
 14. Maiden name.....**Rachel Phippin**  
 15. Birthplace.....**Md.**

16. Informant.....**Carl Andrews**  
 Address.....**Federalsburg, Md.**  
 17. **burial** Date thereat.....**Oct. 11, 1947**  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory.....**Hillcrest Cem.**  
 Location.....**Federalsburg, Md.**

18. Funeral director.....**Harold Williams**  
 Address.....**Federalsburg, Md.**

19. **Oct 10th** 19**47**  
 (Date rec'd by registrar) **Gerrie Kuttler**  
 Deputy Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH.....**October 8, 1947** at.....**4:30 A.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
**July 10**, 19**47**, to.....**October 8**, 19**47**,  
 and that I last saw him alive on.....**October 8**, 19**47**.  
 Immediate cause of death.....**Carcinoma of the uterus**

## DURATION

Due to.....  
 Due to.....  
 Other conditions.....  
 (Include pregnancy within 3 months of death)

Major findings of operations.....  
 Date of op.....

Autopsy results.....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide..... Date of.....  
 Where did injury occur?.....  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?).....  
 Means of injury..... Injured at work?

23. SIGNATURE.....**McGee** M.D.  
 Address.....**Bridgetown, Md.** Date signed.....**10/8/47**

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OCT 20 1947

BUREAU

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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

08898

## 1. PLACE OF DEATH:

County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? life  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution? \_\_\_\_\_

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Ind County Caroline  
 City or town Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Edwin Warfield Breeding

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary H. Breeding

## 7. Birth date of deceased (mo., day, yr.)

May 20, 1886

## 6. (c) If alive, give age \_\_\_\_\_ years

55

## 8. AGE:

Years

Months

Days

If less than one day

61419

hrs.

min.

## 9. Birthplace

Burnsville, Indiana Ind  
(Town, county, and state)

## 10. Usual occupation

Owner Dry Goods Store

## 11. Industry or business

FATHER

## 12. Name

Thomas Mark Breeding

## 13. Birthplace

Maryland

MOTHER

## 14. Maiden name

Sophia Albright

## 15. Birthplace

Maryland

## 16. Informant

Mrs. Mark H. Breeding

## Address

Denton, Ind

## 17.

## (Burial, cremation, or removal. Which?)

## Date thereof

Oct. 12, 1947  
(month) (day) (year)

## Cemetery or crematory

Denton

## Location

Denton, Ind.

## 18. Funeral director

J. Virgil Moore & Son

## Address

Denton, Ind.

## 19.

## (Date rec'd by registrar)

10/11/47Wm S O George  
Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Oct 9 1947 at 630 P M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Oct1943

to

Oct 91947

## and that I last saw him alive on

Oct 91947

## Immediate cause of death

Coronary Vascular Disease

## Due to

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

## PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

## Injured at work?

## 23. SIGNATURE

Wm S O George

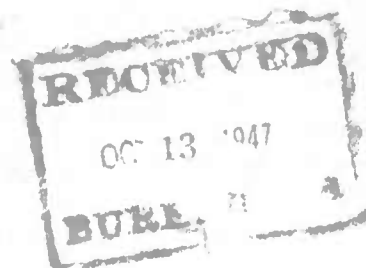
M. D. or other

## Address

Denton Ind

Date signed

10/16/47



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 60

## 1. PLACE OF DEATH:

County..... Caroline  
 City or town..... Goldsboro Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death?..... 5 years  
 Hospital, institution, or street address where death occurred:  
 \_\_\_\_\_  
 How long in hospital or institution?.....

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Md. County..... Caroline  
 City or town..... Goldsboro, Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Benjamin C. Draper

## 3. (b) Social Security Number

## 4. Sex

M

## 5. Color or race

W

## 6. (a) Single, married, widowed, or divorced

Widowed

## 6. (b) Name of husband or wife.....

Elizabeth

## 7. Birth date of deceased (mo., day, yr.)

August 6th, 1863

## 6. (c) If alive, give age..... years

## 8. AGE:

Years

Months

Days

If less than one day

84124

hrs.

min.

## 9. Birthplace.....

Harrington, Del.

(Town, county, and state)

## 10. Usual occupation.....

Farmer

## 11. Industry or business.....

FATHER

## 12. Name.....

Benjamin C. Draper, Sr.,

## 13. Birthplace.....

Del.

MOTHER

## 14. Maiden name.....

Ellen Hurd

## 15. Birthplace.....

Del.

## 18. Informant.....

Mrs. Herman Kemp

## Address.....

Goldsboro, Md.

## 17. Burial.....

(Burial, cremation, or removal. Which?)

## Date thereof.....

Oct. 5, 1947

## Cemetery or crematory.....

Hollywood

## Location.....

Harrington, Del.

## 18. Funeral director.....

Raymond B. Rawlings

## Address.....

Greensboro, Md.

## 19. (Date rec'd by registrar)

Oct. 4 1947A.C. Smith

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH.....

October 1, 1947at 5 a. M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 1, 1947to Sept. 30, 1947and that I last saw him alive on Sept. 30, 1947

## Immediate cause of death.....

General Cerebral Sclerosis

## DURATION

## Due to.....

## Due to.....

## Other conditions.....

(Include pregnancy within 3 months of death)

## Major findings of operations.....

Date of op.....

## Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

## 23. SIGNATURE.....

M. D. or other

Address.....

Date signed..... 1947

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NOV 4 1947  
BUREAU

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

08900

### 1. PLACE OF DEATH:

County Caroline  
City or town Greensboro  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 29 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Greensboro  
(If outside city or town limits, write RURAL and give nearest town)

Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

### 3. (a) FULL NAME

Bessie Elizabeth Evans

### 3. (b) Social Security Number

#### 4. Sex

F.

#### 5. Color or race

White

#### 6. (a) Single, married, widowed, or divorced

Married

#### 6. (b) Name of husband or wife

Milo Evans

#### 7. Birth date of deceased (mo., day, yr.)

Dec. 6, 1891

#### 6. (c) If alive, give age, years

55

#### 8. AGE:

Years 55

#### Months

10

#### Days

11

#### If less than one day

hrs. \_\_\_\_\_ min. \_\_\_\_\_

#### 9. Birthplace

Hayden, Queen Anne's, Md.  
(Town, county, and state)

#### 10. Usual occupation

Housewife

#### 11. Industry or business

FATHER  
MOTHER

#### 12. Name

George Price

#### 13. Birthplace

No Record

#### 14. Maiden name

Mary Loney

#### 15. Birthplace

Rosedale, Md.

#### 16. Informant

Milo Evans

#### Address

Greensboro, Md.

#### 17. Burial

(Burial, cremation, or removal, Which?)

#### Date thereof

10/31/47  
(month) (day) (year)

#### Cemetery or crematory

Greensboro

#### Location

Greensboro, Md.

#### 18. Funeral director

R. B. Rawlings

#### Address

Greensboro, Md.

#### 19. Date rec'd by registrar

Oct 18, 1947

R. M. Pippin  
Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH October 17, 1947, at 9 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

10-1-47 to 10-17-47

and that I last saw him alive on 10-17- 1947

#### Immediate cause of death

Cerebral Infarction

#### DURATION

Sudden

#### Due to

Cerebral Infarction

Sudden

#### Due to

Advanced Arteriosclerosis

years?

#### Other conditions

Diabetes Mellitus

years?

(Include pregnancy within 3 months of death)

#### Major findings of operations

None

#### Date of op.

#### Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

### 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. \_\_\_\_\_ Date of \_\_\_\_\_

#### Where did injury occur?

(City or town)

(County)

(State)

#### Injured at home, farm, industry, public place (where?)

#### Means of injury

#### Injured at work?

#### 23. SIGNATURE

George White  
M. D. or other

#### Address

Adelphi

Date signed 10/18/47

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 20 1947  
BIRMA



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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08901

97

Reg. Diat. No. 62

## 1. PLACE OF DEATH:

County Caroline  
 City or town near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 15 years  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State MD County Caroline  
 City or town near Denton  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) if veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

John Paul Halsinger

## 3. (b) Social Security Number

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced widower

## 6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) April 9<sup>th</sup> 1857  
 8. (c) If alive, give age \_\_\_\_\_ years

8. AGE: Years 90 Months 6 Days 10 hrs. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bedford County, Pa.  
 (Town, county, and state)

10. Usual occupation retired farmer

## 11. Industry or business

12. Name Christian L. Halsinger

13. Birthplace Penn.

14. Maiden name Elizabeth Paul

15. Birthplace Penn.

16. Informant Miss Ruth Halsinger

Address Denton, Md.

17. Buried Date thereof 10-22-47  
 (Interment, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Denton Cemetery

Location 100 Eichel Street, Denton, Md.

18. Funeral director H. Denton, Md.

Address \_\_\_\_\_

19. 10/22/47 M. A. O. George  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH October 19 1947 at 12:15 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 15 1927 to October 19 1947  
 and that I last saw him alive on October 18 1947

Immediate cause of death arteriosclerosis

DURATION  
10 yrs

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE J. Paul Watts MD M. D. or other \_\_\_\_\_

Address Denton Md Date signed 10/20/47

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OCT 23 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 08902

## 1. PLACE OF DEATH:

County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Stewart Bell Kitchen

## 3. (b) Social Security Number

4. Sex

Male

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

Jane R. Kitchen

7. Birth date of deceased (mo., day, yr.)

Mar. 24 18626.(c) If alive, give age 75 years

8. AGE:

Years

Months

Days

If less than one day

85611

hrs.

min.

9. Birthplace

Penna.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

MOTHER FATHER

12. Name

David Kitchen

13. Birthplace

Penna.

14. Maiden name

Unknown

15. Birthplace

16. Informant

Mrs. Stewart B. Kitchen

Address

Denton

17.

Burial  
(Burial, cremation, or removal, Which?)

Date thereof

Oct 8, 1947  
(month) (day) (year)

Cemetery or crematory

Denton Cemetery

Location

Denton

18. Funeral director

J. Virgil Moore & Son

Address

Denton, Md.

19.

10-8 1947  
(Date rec'd by registrar)M. D. Gussel

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH

Oct 51947 at 11:00 PM

21. I CERTIFY that death occurred on the date stated; that I attended deceased from

July 281931to Oct 51947

and that I last saw him alive on

Oct 51947

Immediate cause of death

arteriosclerosis

DURATION

10 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Dr. J. Virgil Moore

M. D. or other

Address

Denton Md

Date signed

10/8/47

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OCT 13 1947  
BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Farmersburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 4 1/2 months  
 Hospital, institution, or street address where death occurred:  
Mrs. Stewart Nursing Home  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline  
 City or town Farmersburg - Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Nichols Road  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war

## 3. (a) FULL NAME

Larry N. Nichols

## 3. (b) Social Security Number

None

## 4. Sex

Male

## 5. Color or race

White

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Laura E. Nichols

## 6. (c) If alive, give age

61 years

## 7. Birth date of deceased (mo., day, yr.)

September 3, 1879

## 8. AGE:

Years

Months

Days

If less than one day

6818

hrs.

min.

## 9. Birthplace

Caroline County, Maryland  
(Town, county, and state)

## 10. Usual occupation

Day laborer

## 11. Industry or business

Farm

## FATHER

## 12. Name

James A. Nichols

## 13. Birthplace

Caroline County, Maryland

## MOTHER

## 14. Maiden name

Mary Catherine Frampton

## 15. Birthplace

Caroline County, Maryland

## 16. Informant

Mrs. Clarence Taylor

## Address

Farmersburg, Maryland, R.F.D.

## 17. (Burial, cremation, or removal, Which?)

Burial

Date thereof

October 14, 1947  
(month) (day) (year)

## Cemetery or crematory

Hill Crest Cemetery

## Location

Farmersburg, Maryland

## 18. Funeral director

J. J. Frampton and Son

## Address

Farmersburg, Maryland

## 19. (Date rec'd by registrar)

Oct. 1447J. J. Frampton

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

October 11, 1947, at 12:10 A.M.

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 30, 1947, to October 11, 1947and that I last saw him alive on October 10, 1947

## Immediate cause of death

Septicemia of neck  
& metastases to brain

## Due to

## Due to

## Other conditions

Septicemia of neck

(Include pregnancy within 3 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

M. D. or

## Address

Date signed 1947

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OCT 17 1941

BUREAU 68

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08904

Reg. Dist. No. 66

## 1. PLACE OF DEATH:

County Caroline  
 City or town Ridgely Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 57 years  
 Hospital, institution, or street address where death occurred:  
St. Gertrudes convent  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Caroline  
 City or town Ridgely Rural  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Sister. M. Meinrada Niederwald O.S.B

## 3. (b) Social Security Number

## 4. Sex

Female

## 5. Color or race

White

## 6.(a) Single, married, widowed, or divorced

Single

## 6.(b) Name of husband or wife

## 7. Birth date of deceased (mo., day, yr.)

Nov, 4, 1860

## 6.(c) If alive, give age \_\_\_\_\_ years

## 8. AGE:

Years

Months

Days

It less than one day

86

11

6

hrs.

min.

## 9. Birthplace

Bavaria, Germany

(Town, county, and state)

## 10. Usual occupation

Teacher

## 11. Industry or business

FATHER

## 12. Name

John Niederwald

## 13. Birthplace

Bavaria, Germany

MOTHER

## 14. Maiden name

Theresa Amler

## 15. Birthplace

Bavaria, Germany

## 18. Informant

Mother M. Hildegard O.S.B

## Address

The Plains, Ridgely, Md.

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Oct. 13, 1947  
(month) (day) (year)

## Cemetery or crematory

The Plains

## Location

Ridgely, Md.

## 18. Funeral director

Raymond B. Rawlings

## Address

Greensboro, Md.

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 10 19 47 at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan. 22 19 40 to Oct. 10 19 47  
 and that I last saw him alive on Oct. 7 19 47

Immediate cause of death

Stricture of oesophagus

DURATION

7 years

Due to

Unknown cause

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

J. Paul Smith M.D.

M. D. or other

Address

Quinton Md

Date signed

10/10/47

Date rec'd by registrar

19 47

Registrar





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

08905

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

4. Sex M5. Color or race W6.(a) Single, married, widowed, or divorced married6.(b) Name of husband or wife Mary Owens7. Birth date of deceased (mo., day, yr.) Oct. 28, 18616.(c) If alive, give age 80 years

8. AGE:

Years 85Months 11Days 20

If less than one day

hrs. \_\_\_\_\_

min. \_\_\_\_\_

9. Birthplace Darrington, Del.  
(Town, county, and state)10. Usual occupation Printer

11. Industry or business

FATHER

12. Name Dr. James Owens13. Birthplace Del.

MOTHER

14. Maiden name Margaret Powell15. Birthplace Del.16. Informant Mrs. Mary OwensAddress Denton, Ind.17. Buried

(Burial, cremation, or removal, Which?)

Date thereof Oct. 4, 1947

(month) (day) (year)

Cemetary or crematory DentonLocation Denton, Ind.18. Funeral director L. Vigil, Funeral HomeAddress Denton, Ind.19. Oct 3 1947

(Date rec'd by registrar)

Registrar MA P Gump

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH Oct. 1, 1947 at 1 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dre.19 48, to Oct 119 47and that I last saw him alive on Oct 119 47

Immediate cause of death

DURATION

Cerebrovascular Pericardial disease 54m

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underwrite the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_

Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

23. SIGNATURE James O. George

M. D. or other

Address DentonDate signed 10/3/47

RECEIVED

OCT 9 1947

BUREAU OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

County Caroline  
 City or town Federalsburg  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 40 yrs.  
 Hospital, institution, or street address where death occurred:  
Greenridge Road  
 How long in hospital or institution? no

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....  
 City or town.....  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No.....  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war no

## 3. (a) FULL NAME

J. Hall Poyner

## 3. (b) Social Security Number

none

## 4. Sex

Male

## 5. Color or race

white

## 6. (a) Single, married, widowed, or divorced

Married

## 6. (b) Name of husband or wife

Mary E. Poyner6. (c) If alive, give age 55 years

## 7. Birth date of

deceased (mo., day, yr.) May 7, 1886

## 8. AGE:

Years

Months

Days

If less than one day

61512

hrs.

min.

## 9. Birthplace

Roper, N. C.

(Town, county, and state)

## 10. Usual occupation

stone mason

## 11. Industry or business

FATHER

## 12. Name

Thomas K. Poyner

## 13. Birthplace

N. C.

MOTHER

## 14. Maiden name

unknown

## 15. Birthplace

## 16. Informant

Mrs. Mary Poyner

## Address

Federalsburg, Md.

## 17.

burial

Date thereof

Oct. 22, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

## Cemetery or crematory

Hillcrest Cem.

## Location

Federalsburg, Md.

## 18. Funeral director

J. Harvey Williamson

## Address

Federalsburg, Md.

## 19.

October 20, 1947  
(Date rec'd by registrar)Everett Tuttle

Deputy Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

Oct 19, 1947, at 4:40 P.M.

## 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Oct 15, 1947, to Oct 17, 1947.

## and that I last saw him alive on

Oct 19, 1947.

## Immediate cause of death

Coronary thrombosis

## DURATION

1 hr.

## Due to

chronic degenerative

## Due to

## Other conditions

(Include pregnancy within 8 months of death)

## Major findings of operations

Date of op.

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

## Accident, suicide, or homicide

Date of

## Where did injury occur?

(City or town)

(County)

(State)

## Injured at home, farm, industry, public place (where?)

## Means of injury

Injured at work?

## 23. SIGNATURE

Frank M. Anderson, M.D.

## Address

Federalsburg, Md.

Date signed

10/20/47

RECEIVED

CERTIFICATE OF DEATH

STATE OF NEW YORK

1947

RECEIVED  
OCT 21 1947  
BUREAU 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

## CERTIFICATE OF DEATH

08907

Reg. Dist. No. 62

## 1. PLACE OF DEATH:

County CarolineCity or town Denton  
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 10 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

Ella Lome Wright

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Edward Wright6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.)

April 19, 1880

8. AGE:

Years

Months

Days

If less than one day

67418

hrs.

min.

9. Birthplace

near Denton, Caroline, Md.  
(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

12. Name

Isabel Anthony

13. Birthplace

Maryland

14. Maiden name

Ella Lome

15. Birthplace

Maryland

16. Informant

Mr. Frederick Wright

Address

Denton, Md. (RFD)

17.

(Burial, cremation, or removal. Which?)

Date thereof

Oct. 5, 1947  
(month) (day) (year)

Cemetery or crematory

Denton

Location

Denton, Md.

18. Funeral director

J. Virgil Turner

Address

Denton, Md.

19.

(Date rec'd by registrar)

10/4

1947

Wm. A. George

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Caroline

City or town

Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

October 2

19

at 1:15 p.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 4

19

45to October 2

19

and that I last saw her alive on

October 2

19

Immediate cause of death

cerebral hemorrhage

DURATION

5 days

Due to

Due to

Other conditions

HypertensionArteriosclerosis

(Include pregnancy within 3 months of death)

10 years10 years

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Paul Wright

M. D. or other

Address

Denton, Md.Date signed 10/4/47

RECEIVED

OCT 9 1947

BUREAU